

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

SONYJP-120

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| TOTAL CLAIMS | | |
|----------------------------------|---------------|--------------------------|
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 25 minus 20 = | 5 |
| INDEPENDENT CLAIMS | 4 minus 3 = | 1 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

SMALL ENTITY
TYPE

| RATE | FEES |
|-----------|--------|
| BASIC FEE | 355.00 |
| X\$ 9= | |
| X40= | |
| +135= | |
| TOTAL | |

OTHER THAN
OR SMALL ENTITY

| RATE | FEES |
|-----------|--------|
| BASIC FEE | 710.00 |
| X\$18= | 98 |
| X80= | 80 |
| +270= | |
| TOTAL | 1038 |

84c

* If the difference in column 1 is less than zero, enter "0" in column 2

1.8.07

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|---|---|------------------|
| Total | 25 | Minus 1 | 33 = 0 |
| Ind. dependent | 11 | Minus | 9 = 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

SMALL ENTITY

OR

| RATE | ADDI- TIONAL FEE |
|------------------|------------------------|
| X\$ 9= | |
| X40= | |
| +135= | |
| TOTAL ADDIT. FEE | |

OTHER THAN
SMALL ENTITY

| RATE | ADDI- TIONAL FEE |
|------------------|------------------------|
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL ADDIT. FEE | |

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|---|---|------------------|
| Total | 25 | Minus | 0 |
| Ind. dependent | 11 | Minus | 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

ADDITIONAL FEE

ADDITIONAL FEE

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|---|---|------------------|
| Total | 25 | Minus | 0 |
| Ind. dependent | 11 | Minus | 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

ADDITIONAL FEE

ADDITIONAL FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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